

<b>Case Number:</b>	CM13-0041037		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	12/10/2010
<b>Decision Date:</b>	02/14/2014	<b>UR Denial Date:</b>	09/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The claimant is a 52 year old female presenting with left knee and left shoulder pain following a work related injury on 7/21/2009. The pain is described as radiating, mild to severe, throbbing, burning and stiffness in the shoulder and the knee. The pain is associated with swelling, numbness and tingling. The physical exam was significant for tenderness to the left anterior subacromial, trapezius, rhomboids and levator scapulae, dermatomes are deficit to the left C, C6 and C7 nerve root distributions, positive Hawkins on the left. X-ray of the left shoulder was significant for joint hypertrophy with osteophytes superior and inferior of the glenoid, irregularity at the foot print of the rotator cuff on the humerus, right shoulder x-ray reveal ac joint hypertrophy, moderate wear and tear of the glenoid glenohumeral joint spaces maintained. X-ray of the right knee was significant for slight to moderate joint space narrowing at the medial and lateral joint lines with slight spurring of the tibial spines. X-ray of the left knee reveal severe tricompartmental arthrosis with severe narrowing of both the medial and lateral joint lines, diminished space between the patella femoral joint with spurring of the superior and inferior poles of the patella. The claimant was diagnosed with morbid obesity, status post left knee arthroscopy with residual, severe osteoarthritis left knee, left posterior shoulder/mid-back sprain with myofascitis and left suacromial bursitis with signs of impingement.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Front wheel walker with seat purchase:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medicare National Coverage Determinations Manual

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Power Mobility Devices Page(s): 99.

**Decision rationale:** Front wheel walker with seat purchase is not medically necessary. Per MTUS guidelines page 99 on power mobility devices "Early exercise, mobilization and independence should be encouraged at all steps of the injury recovery process, and if there is any mobility with canes or other assistive devices." A front wheel walker with seat cushion purchase would not encourage mobility like a cane or conventional walker without a cane; therefore the request is not medically necessary.